

NOV 30 2004

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Lannie R. Bolde et al.

Docket No.

FIS920030276US1

Application No.

10/605,673

Filing Date

10/16/2003

Examiner

J. J. Johnson

Group Art Unit

3724

Invention: **DIE REMOVAL METHOD AND APPARATUS**

I hereby certify that this

Preliminary Amendment

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)

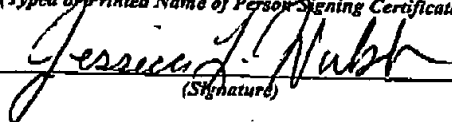
on

November 30, 2004

(Date)


Jessica L. Walsh

(Typed or Printed Name of Person Signing Certificate)


(Signature)

Note: Each paper must have its own certificate of mailing.

NOV 30 2004

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FIS920030276US1	
Applicant(s): LANNIE R. BOLDE ET AL.						
Application No. 10/605,673	Filing Date 10/16/2003	Examiner J. J. JOHNSON	Customer No. 29371	Group Art Unit 3724	Confirmation No. 2672	
Invention: DIE REMOVAL METHOD AND APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: November 30, 2004			
James J. Merrick Reg. No. 43,801 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						

**RECEIVED
CENTRAL FAX CENTER**

NOV 30 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	LANNIE R. BOLDE ET AL.) ART UNIT:
SERIAL NO.:	10/605,673) 3724
FILED:	October 16, 2003) Examiner:
FOR:	DIE REMOVAL METHOD AND) J.J. Johnson
	APPARATUS) Confirmation No.
) 2672

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed September 28, 2004, Applicant requests reconsideration in view of the following amendment and remarks for entry in the above-identified application.